

Stage 1 Disinfectants & Disinfection Byproducts Rule Monitoring Plan: Section 1

Water System Name:

Contact Person

Name:

Physical Address:

Phone:

Fax:

E-Mail:

Mailing Address (if different than physical):

PWSID#:

Population Served:

Service Connections:

Type of System (Circle One):

Months of Operation:

CWS

TNCWS

NTNCWS

Brief Description of Water System:

When developing your monitoring plan, be sure to keep in mind your sample dates. You should allow enough time for follow-up sampling (if necessary). If your monitoring plan calls for samples to be taken by the operator on the last week of the month, the lab may not have enough time to analyze the sample before you have to report your results.

It is good practice to plan ahead and give yourself plenty of time to take samples (and resamples, if necessary) for each of the requirements.

Source Water Description/Summary					
Source	Name	Source Type (e.g., ground, surface)	Purpose (e.g., primary, backup, or emergency)	Period of Operation (e.g., May-September)	Relevant Characteristics
#1					
#2					
#3					
#4					
#5					

Treatment Summary				
Treatment	Name	Type/Process	Objective (e.g., Disinfection, Algae control)	Sources Treated (List # from above)
#1				
#2				
#3				
#4				
#5				

[illegible]

For several DBP monitoring requirements, you may have to monitor at various locations throughout your system (e.g., source water and maximum residence time), based on the DBP requirements you must meet and the characteristics of your system. Consider developing a pattern for your sample ID numbers that is easy to remember. A sample ID name could designate the type of sample (e.g., CC = Chlorine and Chloramines), describe the location (e.g., MRT#1), or record the date (e.g., 08202004 for August 20, 2004). It may be useful to keep a copy of your system schematic, including all sample IDs, handy for reference.

In the box provided, please draw (or attach) a schematic of your water system's treatment process. Be sure to include the chemical application points and sample identification.



Please attach a map of your system that provides a layout of both the treatment facilities and the distribution system. Please be sure to include the following:

1. Routine sampling points (identified and numbered).
2. Additional sampling points for increased monitoring (identified and numbered).
3. The location and type of storage tanks, pressure stations, booster chlorination facilities, and service connections you serve.
4. A complete schematic of the distribution system, including the location of dead-end pipes, main and branch lines, loops, and other aspects of the distribution system's configuration.
5. The points of maximum and average residence time; these may vary depending on the sources and plants in use.
6. The location of each entry point to the distribution system.
7. The location of the first customer for each entry point.
8. Areas of low water pressure.
9. Areas of slow water movement.
10. Varying population densities (taking into account seasonal variation in locations where populations change during the year).

Monitoring Plan Formula Key:

$M_1...M_{12}$ = Monthly sample results

$Q_1...Q_4$ = Quarterly sample results

$S_a...S_d$ = Multiple samples to calculate average (e.g., 3-sample set for chlorite, monthly average for chlorine and chloramines)